

Tobacco Use Increases for Youth, Drops Slightly for Adults: FDA and Washington State Take New Preventive Actions

Tobacco use is the leading preventable cause of death and disease in American society; the median percentage of deaths attributable to smoking in all states was 19% in 1995. In Washington, smoking accounted for 8,601 deaths and 95,287 years of potential life lost in 1993. Additional illness and death resulted from exposure to environmental tobacco smoke, use of smokeless tobacco, and smoking by pregnant women.

The good news is that smoking rates among adults in Washington dropped from about 23% in 1987 to about 20% in 1995. Smoking rates for men declined from nearly 27% to 20% while rates for women remain relatively unchanged at slightly more than 20%. The bad news is that youth experimentation with tobacco is increasing; in 1995 nearly 65% of twelfth graders reported trying a cigarette compared to nearly 52% in 1990. An estimated 11.6% of twelfth graders smoke a half pack or more cigarettes per day and

are likely addicted to nicotine.

The Year 2000 goal for the nation and Washington is to decrease adult smoking prevalence to 15%. No single strategy has proven effective in preventing tobacco use among youth and adults, so the issue is being addressed on several fronts. In addition to traditional public health activities such as education and smoking cessation programs, efforts include regulation of cigarettes by the U.S. Food and Drug Administration, state litigation against the tobacco industry, and state and local policy initiatives.

New FDA Regulations

In August, President Clinton approved new FDA regulations on the sale, distribution, and marketing of tobacco products. When the regulations take effect in August 1997 the sale of cigarettes and smokeless tobacco to anyone younger than 18 years of age will be a federal

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E. coli Cases Traced to Odwalla Apple Juice

Unpasteurized apple juice was identified as the primary source of the *E. coli* O157:H7 bacteria that sickened 49 persons in Washington, California, Colorado, and British Columbia in late October and early November. As this issue went to press on November 8, health officials in Washington had confirmed 21 cases of *E. coli* O157:H7 disease, including 13 cases in children under the age of 10. Four children developed hemolytic uremic syndrome.

In 20 of the 21 confirmed cases here, and in some cases in the other states, the source was traced to Odwalla brand apple juice, which is unpasteurized so it can be sold as fresh juice. Odwalla is bottled in California. Laboratory analysis by the U.S. Food and Drug Administration confirmed that an unopened bottle from a company distribution center contained the same genetic strain of *E. coli* identified in the

Washington cases. Odwalla recalled all apple juice products from 4,600 retail outlets in seven Western states and Canada. As of press time it was not known how the juice was contaminated with the bacteria, which is carried by cattle, excreted in their feces, and through agricultural runoff can contaminate produce. Odwalla states they use only picked, not fallen, apples, which are thoroughly washed before processing.

More widespread illness was averted by early recognition of a potential epidemic, prompt laboratory typing of the genetic strain at the University of Washington, and thorough epidemiologic work by the Seattle-King County Department of Health to identify the source. This epidemic is the largest in the United States since 1993 when more than 500 persons in Washington and three other Western states

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November 21, 1996

The tobacco industry has targeted our kids, withheld safer products, and deliberately misled the public about the safety of smoking. This lawsuit is intended to make the tobacco cartel play by the same rules as other businesses.

Attorney General
Christine Gregoire

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violation. Photo identification must be presented at the point of purchase to verify age. The FDA rule prohibits all free tobacco samples and limits tobacco vending machines and self-service displays to adult-only establishments.

From 1988 to 1993, expenditures for cigarette advertising and promotion nearly doubled from close to \$3.3 billion to slightly more than \$6 billion. To ensure that advertising is not used to create demand for tobacco products among young people, the FDA rule (1) limits advertising to black-and-white text only, (2) prohibits billboards and other outdoor advertising within 1000 feet of schools and playgrounds, (3) prohibits the sale of nontobacco items that carry cigarette logos, and (4) limits sponsorship of sporting events to corporate name only; no brand names may be used. Sponsorship restrictions become effective in August 1998.

Washington State Action

Attorney General Christine Gregoire has filed a lawsuit intended to change the conduct of the nation's leading tobacco companies. The lawsuit alleges that the industry concealed knowledge, manipulated nicotine levels to keep smokers hooked, and conspired to keep "safer" cigarettes off the market. It also alleges that the tobacco industry conducted sophisticated marketing campaigns aimed directly at children. The lawsuit calls for civil penalties and for reimbursement of millions of dollars of health and medical costs the state has spent over the past four decades on tobacco-related illnesses. It also seeks a court order to require tobacco companies to stop engaging in deceptive and

unfair advertising, publicly disclose research related to smoking and health, and fund public education campaigns and smoking cessation programs. Washington is one of 16 states that have filed such suits; many others are exploring this course of action.

In Washington State, 31 of 33 local health jurisdictions receive dedicated funding from the state Youth Tobacco Prevention Account, which is administered by the Department of Health. Two private, nonprofit agencies provide tobacco prevention and control services in the remaining jurisdictions. Compliance checks of retailers are conducted in many counties to reduce youth access from these sources.

Community coalitions for tobacco prevention and control are active in Clark, Clallam, Island, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, and Yakima counties. They conduct a range of initiatives from increasing the number of smoke-free restaurants to decreasing the quantity of tobacco advertising at the retail point of purchase. Community or school-based youth coalitions in many parts of the state and some local health agencies also sponsor youth tobacco cessation programs.

For additional information, please call the Department of Health's Youth Tobacco Prevention Program at 360-753-4312.

Prevalence of Smoking Declared a Nationally Notifiable Condition

Smoking was declared a nationally notifiable condition in a unanimous June 6 vote by the Council of State and Territorial Epidemiologists (CSTE). States now must include prevalence of smoking in the list of conditions they report annually to the Centers for Disease Control and Prevention. The CSTE believes that monitoring the prevalence of smoking and gathering information on the characteristics of smokers may help guide the allocation of prevention resources and evaluation of public health interventions.

Health care providers and laboratories are not required to report smoking. Rather, the preferred data source is the Behavioral Risk Factor Surveillance System (BRFSS), a state-based random-digit-dialing telephone survey of adults (>18 years) coordinated and funded by the CDC. Washington State has participated in this system since 1987 and will continue to use it to collect information on smoking. "Making the prevalence of smoking a notifiable condition marks the first time a behavior, rather than a disease or illness, has been declared nationally reportable," said State Epidemiologist Dr. Paul Stehr-Green, Washington's representative to the CSTE. "This action emphasizes the role of tobacco use as the leading preventable cause of death in the United States."

Monthly Surveillance Data by County

October 1996* – Washington State Department of Health

County	Campylobacter	Giardia	Hepatitis A	Hepatitis B	E. coli O157:H7	Salmonella	Shigella	Meningococcal Disease	Tuberculosis	AIDS	Gonorrhea	Syphilis	Pesticides†	Lead‡
Adams	0	0	0	0	0	0	0	0	0	0	0	0	1	0/0
Asotin	0	1	0	0	0	0	0	0	0	0	0	0	0	0/0
Benton	4	3	0	0	1	6	0	2	0	3	0	0	1	1/11
Chelan	1	0	0	0	0	0	0	0	0	0	0	0	1	3/58
Clallam	0	1	0	1	1	0	0	0	0	0	0	0	0	0/0
Clark	6	5	2	0	2	0	1	1	0	1	17	0	0	0/5
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	1	1	0	0	0	0	0	2	1	0	0	0	0/24
Douglas	0	0	0	0	0	0	0	0	0	0	1	0	3	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	0	0	0	1	0	0	0	2	0	3	1	1	0/1
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	1	0	0	2	0	0	0	0	0	0	2	1/#
Grays Harbor	0	0	2	0	0	1	0	0	1	0	0	0	0	1/6
Island	2	0	0	0	0	0	0	0	0	0	0	1	0	0/0
Jefferson	3	0	0	0	0	0	0	0	0	1	0	0	0	0/1
King	62	36	124	7	14	21	10	2	12	32	82	5	4	2/63
Kitsap	2	0	9	0	0	4	0	0	1	0	2	0	0	0/41
Kittitas	0	0	0	0	1	0	1	0	0	0	1	0	0	0/3
Klickitat	0	0	0	0	0	1	0	0	0	0	0	0	0	0/0
Lewis	6	0	2	0	1	0	0	2	0	0	3	0	0	0/3
Lincoln	0	1	0	0	0	0	0	0	0	0	0	0	0	0/0
Mason	2	3	12	0	0	0	0	0	0	0	1	0	0	0/1
Okanogan	0	1	0	0	0	0	0	0	0	0	0	0	2	0/1
Pacific	0	1	0	0	0	0	0	0	0	0	0	0	0	0/1
Pend Oreille	1	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Pierce	4	8	7	1	2	3	0	2	4	5	46	1	0	1/129
San Juan	0	1	0	0	0	0	0	0	0	0	0	0	0	0/0
Skagit	1	0	0	0	0	0	0	1	0	0	5	0	2	0/6
Skamania	0	0	0	1	0	0	0	0	0	0	0	0	0	0/0
Snohomish	8	19	8	3	0	5	2	1	2	0	11	1	1	0/17
Spokane	17	5	11	0	1	2	6	2	1	2	10	0	1	0/30
Stevens	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Thurston	7	1	14	0	0	2	0	0	2	0	4	0	0	0/17
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/1
Walla Walla	0	2	0	0	0	0	0	0	1	0	0	0	0	2/10
Whatcom	0	1	4	0	0	0	1	0	2	1	4	0	0	0/3
Whitman	0	0	1	0	0	0	0	0	0	0	0	0	0	0/7
Yakima	16	12	10	0	0	5	8	0	0	1	4	0	9	5/99
Unknown														0/3
Current Month	142	102	208	13	24	52	29	13	30	47	194	9	28	16/541
October 1995	88	84	96	23	19	57	38	6	23	62	226	11	34	22/395
1996 to date	826	462	581	85	102	496	215	88	235	568	1758	115	385	170/4712
1995 to date	824	594	733	166	107	496	320	80	230	778	2264	169	380	160/3119

* Data are provisional based on reports received as of October 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

‡ Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

Health Links is a Web site for the University of Washington Health Sciences Center. One of its pages is the Health Sciences Library. Journal listings include several full-text electronic journals. Other publications, references, and library resources are available. Health Links can be accessed through the DOH site links (<http://www.doh.wa.gov>) or directly at: <http://www.hslib.washington.edu>

Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

E. coli (from page 1)

became ill from tainted and undercooked hamburger. For the past two years about 200 cases have been reported annually in Washington State. Along with the major epidemic in Japan last spring, this latest cluster of cases is a reminder that *E. coli* O157:H7 bacteria can contaminate an array of food products.

Scrupulous food handling and cooking practices and frequent, thorough hand-washing are the most effective preventive measures against *E. coli* infection. Clinicians should remain vigilant for patients with symptoms of bloody diarrhea and severe abdominal cramps, especially in toddlers and children, and promptly report suspected cases to local health authorities. Public health officials recommend that children, the elderly, and persons with compromised immune systems not consume unpasteurized beverages.

Medical Laboratories to Benefit from New Options for Regulation

Medical laboratories in Washington State have a new range of options for regulatory inspection and testing. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has entered into a reciprocal recognition agreement with the Washington State Medical Test Site (MTS) licensing program. A JCAHO-accredited hospital or facility in Washington now may choose to have its laboratory areas inspected under JCAHO, MTS, or the College of American Pathologists (CAP), or may divide inspection of its main and ancillary laboratories among the three programs.

Laboratories in JCAHO facilities had asked the Department of Health to pursue JCAHO recognition for the state inspection program so that they could benefit from the accessibility of MTS laboratory surveyors and greater opportunities for consultation and technical assistance. MTS has been conducting onsite inspection for about 750 laboratories across the state.

1995 Hospital Discharge Data Set Is Now Available

The 1995 inpatient discharge data set from hospitals in Washington is now available from the Department of Health. The Comprehensive Hospital Abstract and Reporting System, CHARS for short, provides information on persons hospitalized in most state-licensed acute care hospitals. The CHARS data include variables such as age, sex, zip code, diagnosis and procedure codes, injury codes, discharge status, payer, and total charges. These data are useful for health assessment and access studies, clinical research, and analysis of health resource utilization. To order the complete public file, contact Kim Dunlap at 360-705-6010 or by e-mail at kfd0303@hub.doh.wa.gov. To order a custom request, contact Vicki Hohner at 360-705-6027 or by e-mail at vk0303@hub.doh.wa.gov.

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